

BOONE SUPERIOR II PROBATION DEPARTMENT  
PRESENTENCE INVESTIGATION INFORMATION PACKET  
COMMUNITY CORRECTIONS PRESCREEN  
ALCOHOL & DRUG INTAKE ASSESSMENT PACKET

*Please fill out the following outline completely and honestly.*

**PERSONAL DATA:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_.

Address \_\_\_\_\_ Place of Birth \_\_\_\_\_.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_.

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_.

Email Address \_\_\_\_\_.

Social Security Number \_\_\_\_\_ Race \_\_\_\_\_.

Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_.

Tatoos, Scars, Identifying Marks \_\_\_\_\_.

\_\_\_\_\_.

US Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Alien Status: \_\_\_\_\_.

Driver's License NO: \_\_\_\_\_ State of Issue \_\_\_\_\_.

**Contact Persons**

1. Name \_\_\_\_\_ Relation \_\_\_\_\_.

Address \_\_\_\_\_.

Phone \_\_\_\_\_.

2. Name \_\_\_\_\_ Relation \_\_\_\_\_.

Address \_\_\_\_\_.

Phone \_\_\_\_\_.

**IMMEDIATE OFFENSE**

Criminal Charge \_\_\_\_\_.

\_\_\_\_\_.

Date of Offense \_\_\_\_\_ Date of Arrest \_\_\_\_\_.

Arresting Agency \_\_\_\_\_.

Days in Jail \_\_\_\_\_ Attorney \_\_\_\_\_.

Sentencing Date \_\_\_\_\_ Blood Alcohol Content \_\_\_\_\_.

**VERSION OF THE OFFENSE**

Location of the Offense \_\_\_\_\_.

Co-Defendants \_\_\_\_\_.

(Check one) Plea Agreement \_\_\_\_\_ Court Trial \_\_\_\_\_ Jury Trial \_\_\_\_\_.

Explain your version of the offense: \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

## PRIOR RECORD

Age at first conviction: \_\_\_\_\_ Ever in IBS/IGS \_\_\_\_\_.

Previous Felony in Indiana? \_\_\_\_\_ Out of State? \_\_\_\_\_.

Out of State Arrests: \_\_\_\_\_.

Ever charged with Battery or other violent offense? \_\_\_\_\_.

Ever charged with Escape or Juvenile Runaway? \_\_\_\_\_.

Ever had a jail or prison write-up for discipline? \_\_\_\_\_.

Ever had a felony reduced to misdemeanor at sentencing? \_\_\_\_\_.

Were you on probation at the time of your arrest for the present offense? \_\_\_\_\_ Parole? \_\_\_\_\_.

Previously on Probation? \_\_\_\_\_ Parole? \_\_\_\_\_ Any Violations? \_\_\_\_\_.

Is your driver's license currently suspended? \_\_\_\_\_ Previous Suspensions? \_\_\_\_\_.

Ever been a member of a juvenile or adult gang? \_\_\_\_\_ Name of Gang: \_\_\_\_\_.

Any relatives or close friends currently serving time in IDOC? \_\_\_\_\_.

**For any questions that were answered with a "yes", be sure to provide any available details on the back of this sheet.**

### Juvenile

Date \_\_\_\_\_ County \_\_\_\_\_.

Violation (Charge) \_\_\_\_\_.

Disposition \_\_\_\_\_.

Date \_\_\_\_\_ County \_\_\_\_\_.

Violation (Charge) \_\_\_\_\_.

Disposition \_\_\_\_\_.

Date \_\_\_\_\_ County \_\_\_\_\_.

Violation (Charge) \_\_\_\_\_.

**ADULT**

Date \_\_\_\_\_ County \_\_\_\_\_.

Violation (Charge) \_\_\_\_\_.

Disposition \_\_\_\_\_.

Date \_\_\_\_\_ County \_\_\_\_\_.

Violation (Charge) \_\_\_\_\_.

Disposition \_\_\_\_\_.

Date \_\_\_\_\_ County \_\_\_\_\_.

Violation (Charge) \_\_\_\_\_.

Disposition \_\_\_\_\_.

Date \_\_\_\_\_ County \_\_\_\_\_.

Violation (Charge) \_\_\_\_\_.

Disposition \_\_\_\_\_.

Do you currently have any other charges pending? YES \_\_\_\_\_ NO \_\_\_\_\_.

If yes, please explain: \_\_\_\_\_.

Are you currently on probation? YES \_\_\_\_\_ NO \_\_\_\_\_.

If yes, where? \_\_\_\_\_.

Who is your probation officer? \_\_\_\_\_.

**Traffic Record:**

Date\_\_\_\_\_ Violation\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

How many accidents have you had in the last two years?\_\_\_\_\_.

Was alcohol involved in any accident? YES \_\_\_\_\_ NO\_\_\_\_\_.

**FAMILY HISTORY:**

Father's Name \_\_\_\_\_ Phone number \_\_\_\_\_.

Address \_\_\_\_\_ Age \_\_\_\_\_.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_.

Employer \_\_\_\_\_ Occupation \_\_\_\_\_.

Mother's Name: \_\_\_\_\_ Phone number \_\_\_\_\_.

Address \_\_\_\_\_ Age \_\_\_\_\_.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_.

Employer \_\_\_\_\_ Occupation \_\_\_\_\_.

Are your parents still married? \_\_\_\_\_ If not, when did they divorce?\_\_\_\_\_.

Number of persons in home while you were a child\_\_\_\_\_.

Was Welfare/Protective Services intervention ever necessary?\_\_\_\_\_.

Other childhood problems?\_\_\_\_\_.

Age when you left home:\_\_\_\_\_ Reason for leaving home:\_\_\_\_\_.

Step-Father's Name \_\_\_\_\_ Phone number \_\_\_\_\_.

Address \_\_\_\_\_ Age \_\_\_\_\_.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_.

Employer \_\_\_\_\_ Occupation \_\_\_\_\_.

Step-Mother's Name \_\_\_\_\_ Phone number \_\_\_\_\_.

Address \_\_\_\_\_ Age \_\_\_\_\_.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_.

Employer \_\_\_\_\_ Occupation \_\_\_\_\_.

Names of Brothers/Sisters: \_\_\_\_\_ Age \_\_\_\_\_ Address \_\_\_\_\_

Br/Sis \_\_\_\_\_.

Br/Sis \_\_\_\_\_.

Br/Sis \_\_\_\_\_.

Br/Sis \_\_\_\_\_.

Br/Sis \_\_\_\_\_.

Describe your family relationship: \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

## MARITAL HISTORY

\_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Living together \_\_\_\_ Widow(er)

Name of Husband/Wife/Partner \_\_\_\_\_ Age \_\_\_\_\_.

Address \_\_\_\_\_ Date of Marriage \_\_\_\_\_.

Spouse's Employer \_\_\_\_\_.

Spouse's Employer's Phone No. \_\_\_\_\_.

List names and dates of prior marriages \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

Has any of the following contributed to marital problems: alcohol or drug abuse, sexual abuse, physical abuse, emotional abuse or child abuse. Give details: \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

Names of Children	Age	Address	Supported By
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\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

Do you pay child support? \_\_\_\_\_ Is it current? \_\_\_\_\_.

Do you or your spouse receive child support? \_\_\_\_\_ Is it current? \_\_\_\_\_.

**HOME AND COMMUNITY** (List all your residences in the last 5 years beginning with current home:

Address	Date Resided	Type of Residence
_____		
_____		
_____		
_____		
_____		
_____		

Name(s) and relationship(s) of person(s) currently residing with:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community Organizations you belong to:\_\_\_\_\_

\_\_\_\_\_

**EDUCATIONAL HISTORY** (List all schools attended beginning with most recent):

School	Address	Highest Grade
_____		
_____		
_____		
_____		

Last grade completed:\_\_\_\_\_Date of Graduation:\_\_\_\_\_

Ever Suspended from school?\_\_\_\_\_Expelled?\_\_\_\_\_

Reason?\_\_\_\_\_

Did you participate in any special education classes?\_\_\_\_\_

If dropped out of school, give reason and date\_\_\_\_\_

GED Completion Date\_\_\_\_\_Where?\_\_\_\_\_

Do you have any educational goals?\_\_\_\_\_



**EMPLOYMENT HISTORY (for past ten years beginning with present employer):**

Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_.

Address \_\_\_\_\_.

Supervisor \_\_\_\_\_ Duties \_\_\_\_\_.

Date Employed \_\_\_\_\_ Salary \_\_\_\_\_.

Work Hours \_\_\_\_\_ to \_\_\_\_\_ .Do you have health insurance? Yes No

Previous Employer \_\_\_\_\_ Telephone \_\_\_\_\_.

Address \_\_\_\_\_.

Supervisor \_\_\_\_\_ Duties \_\_\_\_\_.

Dates Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_.

Previous Employer \_\_\_\_\_ Telephone \_\_\_\_\_.

Address \_\_\_\_\_.

Supervisor \_\_\_\_\_ Duties \_\_\_\_\_.

Dates Employed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_.

List any significant period of unemployment and reason:\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

List Job goals or future employment goals:\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

## FINANCIAL STATUS INFORMATION

Own Property? \_\_\_\_\_ Value\$ \_\_\_\_\_ Balance owed\$ \_\_\_\_\_.

Location Address: \_\_\_\_\_.

Payment of property Mortgage \$ \_\_\_\_\_

Rent \$ \_\_\_\_\_

Average Utility Expense:

Gas \_\_\_\_\_ Electric \_\_\_\_\_ Water \_\_\_\_\_  
Phone \_\_\_\_\_ Cable TV \_\_\_\_\_ Total \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Medical Exp \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Credit Card total Debt \$ \_\_\_\_\_ Monthly Pymt \$ \_\_\_\_\_

Vehicle Make and Year \_\_\_\_\_ Car Payment \$ \_\_\_\_\_

Value\$ \_\_\_\_\_ Loan Balance\$ \_\_\_\_\_

2<sup>nd</sup> Vehicle Make and Year \_\_\_\_\_ Car Payment \$ \_\_\_\_\_

Value\$ \_\_\_\_\_ Loan Balance \$ \_\_\_\_\_

Other Payments or Expenses \_\_\_\_\_ \$ \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

Income You \$ \_\_\_\_\_

Spouse \$ \_\_\_\_\_

Public Assistance: SSI\$ \_\_\_\_\_ AFDC\$ \_\_\_\_\_

WIC\$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_ Gov't housing\$ \_\_\_\_\_

Other \_\_\_\_\_

Total Income \$ \_\_\_\_\_

Savings/Investment worth \$ \_\_\_\_\_

Checking account balance \$ \_\_\_\_\_

If you have no income, what is your current source of support? \_\_\_\_\_

Total Income reported last year? \_\_\_\_\_

## RELIGIOUS AFFILIATION

What is your religious or spiritual affiliation? (i.e. Christian, Moslem, Native American, Jewish): \_\_\_\_\_

Name of church last attended \_\_\_\_\_

Frequency of attendance \_\_\_\_\_

Did you attend church services as a child? \_\_\_\_\_

Were you actively religious prior to your arrest? \_\_\_\_\_

What significance has religion had in your life? \_\_\_\_\_

## INTERESTS AND LEISURE ACTIVITIES

List any hobbies, special interests or membership in clubs and other organizations \_\_\_\_\_  
\_\_\_\_\_.

What do you enjoy doing in your leisure time? \_\_\_\_\_  
\_\_\_\_\_.

## MILITARY HISTORY

Branch of Service \_\_\_\_\_ Highest Rank Attained \_\_\_\_\_.

Date Enlisted \_\_\_\_\_ Date Discharged \_\_\_\_\_.

Type of Discharge \_\_\_\_\_.

Check if you received any: \_\_\_\_\_ AWOL \_\_\_\_\_ Article 15 \_\_\_\_\_ Court Martial

Explain any disciplinary action: \_\_\_\_\_.

## HEALTH CONDITION

Present Physical Condition: \_\_\_\_\_  
.

List dates and reasons for hospitalizations: \_\_\_\_\_  
\_\_\_\_\_.

List any serious illnesses or injuries: \_\_\_\_\_  
\_\_\_\_\_.

List current medications: \_\_\_\_\_.

List any psychological treatment/counseling received and dates of service: \_\_\_\_\_  
\_\_\_\_\_.

Have you ever considered hurting yourself or someone else? \_\_\_\_\_ Yes \_\_\_\_\_ No

Attempted suicide? \_\_\_\_\_ Yes \_\_\_\_\_ No Explain if Yes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

## ALCOHOL USE

Age first used alcohol \_\_\_\_\_ Number of arrests while drinking \_\_\_\_\_.

How often do you drink? \_\_\_\_\_ Amount of alcohol you drink \_\_\_\_\_.

Have you ever been a daily drinker? \_\_\_\_\_ How long ? \_\_\_\_\_

Check if you have experienced any of the following:

\_\_\_\_ Suffer loss of memory while or after drinking?

\_\_\_\_ Had an injury or accident while drinking?

\_\_\_\_ Need a drink at a definite time of day?

\_\_\_\_ Drink alone?

\_\_\_\_ Lose time from work due to drinking?

\_\_\_\_ Drink next morning?

\_\_\_\_ Had someone complain about your drinking?

Indicate any treatment (including AA) which you have received for your alcohol use: \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

What members of your family have had or currently have alcohol problems?

Name

Relationship

\_\_\_\_\_.

\_\_\_\_\_.

**DRUG USE:**

DRUG USE Indicate frequency, level, how used, and date last used of following drugs:

Substance	Frequency	Average Amount Used	How Used	Date Last Used
ALCOHOL				
MARIJUANA				
OPIATES				
STIMULANTS/COCAINE				
INHALANTS/SOLVENTS				
DEPRESSANTS				
HALLUCINOGENS				
PRESCRIBED DRUGS				

Do you have a family history of drug use? \_\_\_\_\_.

Have you ever injected drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever overdosed? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is your drug of choice? \_\_\_\_\_ Age of first use \_\_\_\_\_.

Name	Relationship
_____.	
_____.	
_____.	

What is your Families' attitude toward alcohol and drug use? \_\_\_\_\_  
\_\_\_\_\_

Indicate any treatment you have received for your drug use: \_\_\_\_\_  
\_\_\_\_\_.

What is your attitude toward your drinking and/or drug use and attitude toward positive change?  
\_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature